

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Abundant Life Chiropractic, P.A.****2. All other names debtor used in the last 8 years**Include any assumed names, trade names, and *doing business as names***3. Debtor's federal Employer Identification Number (EIN)****8 7 - 0 7 4 7 9 3 2****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****3000 Research Forest, Suite 150**

Number Street

Spring, TX 77381

City State ZIP Code

Montgomery

County

Number Street

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) _____**6. Type of debtor**☐ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☒ Other. Specify: **PA**

Debtor Abundant Life Chiropractic, P.A.

Case number (if known) _____

Name

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. Check all that apply:
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?☒ No

☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No

☐ Yes. Debtor _____ Relationship _____

District _____ When _____
MM / DD / YYYY

Case number, if known _____

List all cases. If more than 1, attach a separate list.

Debtor Abundant Life Chiropractic, P.A.

Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____**Where is the property?** _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No☐ Yes.

Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **08/23/2024**
MM/ DD/ YYYY**X****/s/ Christopher Robert Zaino**

Signature of authorized representative of debtor

Christopher Robert Zaino

Printed name

Title **Owner****18. Signature of attorney****X****/s/ Robert C Lane**

Signature of attorney for debtor

Date **08/23/2024**

MM/ DD/ YYYY

Robert C Lane

Printed name

The Lane Law Firm

Firm name

6200 Savoy Dr Ste 1150

Number Street

Houston

City

TX

State

77036-3369

ZIP Code

(713) 595-8200

Contact phone

notifications@lanelaw.com

Email address

24046263

Bar number

TX

State

Official Form 201A (12/15)

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

[Caption as in Form 416B]

**Attachment to Voluntary Petition for Non-Individuals Filing for
Bankruptcy under Chapter 11**

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is _____.

2. The following financial data is the latest available information and refers to the debtor's condition on _____.

a. Total assets \$59,398.00

b. Total debts (including debts listed in 2.c., below) \$1,560,814.15

c. Debt securities held by more than 500 holders

		Approximate number of holders:
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
secured <input type="checkbox"/> unsecured <input type="checkbox"/> subordinated <input type="checkbox"/>	_____	_____
d. Number of shares of preferred stock		_____
e. Number of shares common stock		_____

Comments, if any: _____

3. Brief description of debtor's business Wellness Chiropractic Practice

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor:

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/23/2024
MM/ DD/ YYYY

X/s/ Christopher Robert Zaino

Signature of individual signing on behalf of debtor

Christopher Robert Zaino

Printed name

Owner

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	U.S. Small Business Administration 409 3rd St Sw Washington, DC 20416-0011		UCC				\$474,409.89
2	Department of the Treasury Internal Revenue Service ACS Support P.O. Box 8208 Philadelphia, PA 19101-8208		Unpaid taxes				\$423,968.75
3	Bankers Healthcare Group, LLC 10234 W. State Road 84 Fort Lauderdale, FL 33324	(866) 588-7910	UCC	Disputed			\$97,038.13
4	American Express PO Box 6031 Carol Stream, IL 60197-6031		Credit Card				\$80,593.80
5	Greenwoods Equipment Finance, LLC 3212 Fiddlers Creek Dr Waukesha, WI 53188-3946		Equipment Finance Agreement - UCC Lien		\$110,000.00	\$40,000.00	\$70,000.00
6	Renew Life Rejuvenation of the Woodlands 3000 Research Forest Dr Ste 150 Spring, TX						\$36,916.00
7	Research New Trails Partners, LTD. 8000 Mabeth Way Ste 130 Spring, TX 77382-1257						\$30,601.84
8	CCMR3 318 S. Clinton St., Suite 400 Syracuse, NY 13202						\$10,000.00

Debtor **Abundant Life Chiropractic, P.A.**

Case number (if known) _____

Name _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Amegy Bank 1717 W. Loop South Houston, TX 77027		Credit Card				\$4,463.00
10	Jeffrey Stagg 7338 Hardesty San Antonio, TX 78250		Potential Insurance Claim - Auto Accident	Disputed			\$3,945.00
11	Montgomery County Tax Tammy J. McRae 400 N. San Jacinto Conroe, TX 77301		Property Taxes				\$2,470.19
12	JB & Associates 6250 N Durango Dr Las Vegas, NV 89149-3916		Services	Disputed			\$1,750.00
13	ADT Commercial LLC 1501 Yamato Road Boca Raton, FL 33431		Equipment				\$630.68
14	Cranford X-Ray Company Po Box 3053 Spring, TX 77383-3053		Services				\$536.25
15	Landauer Inc. CT Corp System 1999 Bryan St 900 Dallas, TX 75201		Vendor				\$422.59
16	Farmers Insurance 6301 Owensmouth Avenue Woodland Hills, CA 91367		Insurance				\$265.28
17	Metragen II Ltd. 4404 20th Sideroad RR4 Cookstown, Ontario,						\$244.62
18	Woodlands Road Utility District #1 Tammy J McRae - Tax Assessor/Collector 400 North San Jacinto Conroe, TX 77301						\$81.25
19	Woodlands Metro Center MUD Mrs. Jeannie Scott, RTA Po Box 7829 Spring, TX 77387-7829						\$50.12
20	Woodlands Metro Center MUD Mrs. Jeannie Scott, RTA Po Box 7829 Spring, TX 77387-7829		Taxes				\$46.76

Fill in this information to identify the case:

Debtor Name **Abundant Life Chiropractic, P.A.**United States Bankruptcy Court for the: **Southern** District of **Texas**
(State)

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Amegy Bank of Texas****Checking account****7 2 9 8****\$1,297.00****4. Other cash equivalents** (Identify all)

4.1 _____

4.2 _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,297.00**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 _____

7.2 _____

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☒ No. Go to Part 4.

☐ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: _____ - _____ =..... →
face amount doubtful or uncollectible accounts

11b. Over 90 days old: _____ - _____ =..... →
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

Part 4: Investments

13. Does the debtor own any investments?

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1 _____

14.2 _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of

ownership:

15.1. _____

15.2. _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

16.1 _____

16.2 _____

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

☒ No. Go to Part 6.

☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**

_____	MM / DD / YYYY	_____	_____	_____
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20. **Work in progress**

_____	MM / DD / YYYY	_____	_____	_____
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21. **Finished goods, including goods held for resale**

_____	MM / DD / YYYY	_____	_____	_____
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22. **Other inventory or supplies**

_____	MM / DD / YYYY	_____	_____	_____
-------	----------------	-------	-------	-------

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

☒ No

☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

☒ No

☐ Yes. Book value _____ Valuation method _____ Current value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

☒ No. Go to Part 7.

☐ Yes. Fill in the information below.

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. Farm machinery and equipment (Other than titled motor vehicles)			
31. Farm and fishing supplies, chemicals, and feed			
32. Other farming and fishing-related property not already listed in Part 6			
33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Part 7: Office furniture, fixtures, and equipment; and collectibles			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? <input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

	Desks (2)	unknown	\$100.00
	Chairs (40)	unknown	\$200.00
	Filing Cabinets (5)	unknown	\$200.00
40.	Office fixtures		
41.	Office equipment, including all computer equipment and communication systems equipment and software		
	Phone (6)	unknown	\$150.00
	Printer	unknown	\$150.00
	Copier	unknown	\$500.00
	Computers (10)	unknown	\$300.00
	Monitor (6)	unknown	\$300.00
42.	Collectibles <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>		
42.1			
42.2			
42.3			
43.	Total of Part 7 Add lines 39 through 42. Copy the total to line 86.		\$1,900.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
45.	Has any of the property listed in Part 7 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Part 8: Machinery, equipment, and vehicles			
46.	Does the debtor own or lease any machinery, equipment, or vehicles? <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below.		
	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value
			Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles		
47.1	2014 Land Rover	unknown	\$12,000.00

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

48. **Watercraft, trailers, motors, and related accessories** Examples:
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____

48.2 _____

49. **Aircraft and accessories**

49.1 _____

49.2 _____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

X-Ray Machine unknown \$700.00

DRX9000 Lumbar System - Decompression Table (2) unknown \$40,000.00

Omni Chiropractic Tables (4) unknown \$1,500.00

Vibration Plates (10) unknown \$1,500.00

Rehab Equipment unknown \$500.00

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

\$56,200.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No

☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 _____	_____	_____	_____	_____
55.2 _____	_____	_____	_____	_____
55.3 _____	_____	_____	_____	_____
55.4 _____	_____	_____	_____	_____
55.5 _____	_____	_____	_____	_____

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

55.6 _____

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

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57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
_____	_____	_____	_____
61. Internet domain names and websites			
_____	_____	_____	_____
62. Licenses, franchises, and royalties			
Certificate of X-Ray Registration	\$0.00		\$0.00
63. Customer lists, mailing lists, or other compilations			
Patient List	unknown		\$1.00
64. Other intangibles, or intellectual property			
_____	_____	_____	_____
65. Goodwill			
_____	_____	_____	_____

66. **Total of Part 10**

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

Debtor Abundant Life Chiropractic, P.A.
Name

Case number (if known) _____

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes. Fill in the information below.

Current value of
debtor's interest

71. Notes receivable

Description (include name of obligor)

_____ - _____ = **→** _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim _____

Amount requested _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

Debtor **Abundant Life Chiropractic, P.A.**
 Name _____

Case number (if known) _____

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$1,297.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	_____	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	_____	
83. Investments. <i>Copy line 17, Part 4.</i>	_____	
84. Inventory. <i>Copy line 23, Part 5.</i>	_____	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	_____	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$1,900.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$56,200.00</u>	
88. Real property. <i>Copy line 56, Part 9.</i> →		_____
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ _____	
91. Total. <i>Add lines 80 through 90 for each column.</i>91a.	<u>\$59,398.00</u>	+ 91b. _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		<u>\$59,398.00</u>

Fill in this information to identify the case:

Debtor name **Abundant Life Chiropractic, P.A.**United States Bankruptcy Court for the: **Southern** District of **Texas**
(State)

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**

Do not deduct the value of collateral.

*Column B***Value of collateral that supports this claim****2.1 Creditor's name****Bankers Healthcare Group, LLC****Describe debtor's property that is subject to a lien****\$97,038.13****unknown****Creditor's mailing address****10234 W. State Road 84****Fort Lauderdale, FL 33324****Describe the lien****UCC****Creditor's email address, if known****Is the creditor an insider or related party?**

- ☒ No
- ☐ Yes

Date debt was incurred**Last 4 digits of account number** **9 2 6 2****Is anyone else liable on this claim?**

- ☐ No
- ☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**\$681,448.02**

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Part 1: Additional Page*Column A***Amount of claim**Do not deduct the value
of collateral.*Column B***Value of collateral
that supports this
claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2 Creditor's name**Greenwoods Equipment Finance,
LLC**

Creditor's mailing address

3212 Fiddlers Creek Dr**Waukesha, WI 53188-3946**Creditor's email address, if known
_____Date debt was incurred **11/16/2020**Last 4 digits of account number **1 3 0 1**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.

_____☐ Yes. The relative priority of creditors is specified on lines _____

Describe debtor's property that is subject to a lien

DRX9000 Lumbar System - Decompression Table (2)

Describe the lien

Equipment Finance Agreement - UCC Lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed**\$110,000.00****\$40,000.00**

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Part 1: Additional Page

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2.3 Creditor's name U.S. Small Business Administration</p> <p>Creditor's mailing address 409 3rd St Sw Washington, DC 20416-0011</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred 01/11/2022</p> <p>Last 4 digits of account number 7 4 0 9</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p> <p>Remarks: Disaster COVID-19 Economic Injury Loan</p>	<p>Describe debtor's property that is subject to a lien _____ _____</p> <p>Describe the lien UCC</p> <p>Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$474,409.89</p>	<p>unknown</p>
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[illegible]

Debtor **Abundant Life Chiropractic, P.A.**
Name _____

Case number (if known) _____

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity

_____	Line 2. ____	____ _

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing addressDepartment of the TreasuryInternal Revenue ServiceACS SupportP.O. Box 8208Philadelphia, PA 19101-8208Date or dates debt was incurred
_____Last 4 digits of account
number 1 9 1 0Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Unpaid taxes

Is the claim subject to offset?

☒ No☐ Yes

Total claim

\$423,968.75

Priority amount

unknown**2.2** Priority creditor's name and mailing addressMontgomery County TaxTammy J. McRae400 N. San JacintoConroe, TX 77301Date or dates debt was incurred
04/05/2024Last 4 digits of account
number 0 1 9 6Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Property Taxes

Is the claim subject to offset?

☒ No☐ Yes

Total claim

\$2,470.19

Priority amount

unknown

Debtor Abundant Life Chiropractic, P.A.
Name

Case number (if known) _____

Part 1: Additional Page

<p>2.3 Priority creditor's name and mailing address</p> <p><u>Woodlands Metro Center MUD</u></p> <p><u>Mrs. Jeannie Scott, RTA</u></p> <p><u>Po Box 7829</u></p> <p><u>Spring, TX 77387-7829</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u></p>	<p>As of the petition filing date, the claim is: <u>\$50.12</u> <u>\$50.12</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>2.4 Priority creditor's name and mailing address</p> <p><u>Woodlands Road Utility District #1</u></p> <p><u>Tammy J McRae - Tax Assessor/Collector</u></p> <p><u>400 North San Jacinto</u></p> <p><u>Conroe, TX 77301</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>0</u> <u>1</u> <u>9</u> <u>6</u></p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(8)</u></p>	<p>As of the petition filing date, the claim is: <u>\$81.25</u> <u>\$81.25</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Abundant Life Chiropractic, P.A.
Name

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim****3.1** Nonpriority creditor's name and mailing addressADT Commercial LLC1501 Yamato RoadBoca Raton, FL 33431

Date or dates debt was incurred _____

Last 4 digits of account number 0 8 7 1

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Equipment

Is the claim subject to offset?

☒ No☐ Yes\$630.68**3.2** Nonpriority creditor's name and mailing addressAmegy Bank1717 W. Loop SouthHouston, TX 77027

Date or dates debt was incurred _____

Last 4 digits of account number 0 9 0 7

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Credit Card

Is the claim subject to offset?

☒ No☐ Yes\$4,463.00**3.3** Nonpriority creditor's name and mailing addressAmerican ExpressPO Box 6031Carol Stream, IL 60197-6031Date or dates debt was incurred 3/29/2024Last 4 digits of account number 6 0 0 5

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ DisputedBasis for the claim: Credit Card

Is the claim subject to offset?

☒ No☐ Yes\$80,593.80**3.4** Nonpriority creditor's name and mailing addressCCMR3318 S. Clinton St., Suite 400Syracuse, NY 13202

Date or dates debt was incurred _____

Last 4 digits of account number — — — —

As of the petition filing date, the claim is:

Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed

Basis for the claim: _____

Is the claim subject to offset?

☒ No☐ Yes\$10,000.00

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Part 2: Additional Page

<p>3.5 Nonpriority creditor's name and mailing address</p> <p><u>Christopher Zaino</u></p> <p><u>3000 Research Forest Dr Ste 150</u></p> <p><u>3000 Research Forest Dr Ste 150</u></p> <p><u>Spring, TX 77381-4395</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$282,380.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.6 Nonpriority creditor's name and mailing address</p> <p><u>Cranford X-Ray Company</u></p> <p><u>Po Box 3053</u></p> <p><u>Spring, TX 77383-3053</u></p> <p>Date or dates debt was incurred <u>06/28/2023</u></p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$536.25</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.7 Nonpriority creditor's name and mailing address</p> <p><u>Farmers Insurance</u></p> <p><u>6301 Owensmouth Avenue</u></p> <p><u>Woodland Hills, CA 91367</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 1 9 7</u></p>	<p>As of the petition filing date, the claim is: <u>\$265.28</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Insurance</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.8 Nonpriority creditor's name and mailing address</p> <p><u>JB & Associates</u></p> <p><u>6250 N Durango Dr</u></p> <p><u>Las Vegas, NV 89149-3916</u></p> <p>Date or dates debt was incurred <u>12/01/2022</u></p> <p>Last 4 digits of account number <u>5 9 0 3</u></p>	<p>As of the petition filing date, the claim is: <u>\$1,750.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Part 2: Additional Page

<p>3.9 Nonpriority creditor's name and mailing address</p> <p><u>Jeffrey Stagg</u></p> <p><u>7338 Hardesty</u></p> <p><u>San Antonio, TX 78250</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$3,945.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Potential Insurance</p> <p>Basis for the claim: <u>Claim - Auto Accident</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.10 Nonpriority creditor's name and mailing address</p> <p><u>Landauer Inc.</u></p> <p><u>CT Corp System</u></p> <p><u>1999 Bryan St 900</u></p> <p><u>Dallas, TX 75201</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$422.59</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Vendor</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.11 Nonpriority creditor's name and mailing address</p> <p><u>Metragen II Ltd.</u></p> <p><u>4404 20th Sideroad RR4</u></p> <p><u>Cookstown, Ontario,</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$244.62</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>3.12 Nonpriority creditor's name and mailing address</p> <p><u>Renew Life Rejuvenation of the Woodlands</u></p> <p><u>3000 Research Forest Dr Ste 150</u></p> <p><u>Spring, TX</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$36,916.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Abundant Life Chiropractic, P.A.
Name

Case number (if known) _____

Part 2: Additional Page

3.13 Nonpriority creditor's name and mailing address <u>Research New Trails Partners, LTD.</u> <u>8000 Mcbeth Way Ste 130</u> <u>Spring, TX 77382-1257</u> Date or dates debt was incurred _____ Last 4 digits of account number _____ Remarks: rent	As of the petition filing date, the claim is: <u>\$30,601.84</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address <u>Woodlands Metro Center MUD</u> <u>Mrs. Jeannie Scott, RTA</u> <u>Po Box 7829</u> <u>Spring, TX 77387-7829</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>3 5 5 1</u>	As of the petition filing date, the claim is: <u>\$46.76</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Part 3: List Others to Be Notified About Unsecured Claims**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.**If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	American Express Bankruptcy Unit P.O. Box 297817 Fort Lauderdale, NY 33329	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.2	American Express P.O. Box 96001 Los Angeles, CA 90096-8000	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.3	Brown & Joseph, LLC One Pierce Place Suite 700W Itasca, IL 60143	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.4	Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346	Line <u>2.1</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.5	Linebarger Goggan Blair & Sampson, LLP 4828 Loop Central Dr Ste 600 Houston, TX 77081-1246	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.6	Perdue Brandon Fielder Collin & Mott LLP 1235 North Loop West Suite 600 Houston, TX 77008	Line <u>2.3</u> <input type="checkbox"/> Not listed. Explain _____	____ _
4.7	Perdue Brandon Fielder Collin & Mott LLP 1235 North Loop West Suite 600 Houston, TX 77008	Line <u>2.4</u> <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts****5a. Total claims from Part 1**

5a.

\$426,570.31**5b. Total claims from Part 2**

5b.

+**\$452,795.82****5c. Total of Parts 1 and 2**

5c.

\$879,366.13

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Building Lease</u>	<u>Research New Trails Partners, LTD.</u>
		<u>Contract to be ASSUMED</u>	<u>8000 Mcbeth Way Ste 130</u>
	State the term remaining	<u>57 months</u>	<u>Spring, TX 77382-1257</u>
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number (If known): _____

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.**1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.****Column 1: Codebtor****Name****Mailing address****Column 2: Creditor****Name***Check all schedules that apply:*

2.1 Christopher Zaino 3000 Research Forest Dr Ste 150 Amegy Bank ☐ D
 Street ☒ E/F
☐ G
Spring, TX 77381-4395
 City State ZIP Code

2.2 Zaino, Christopher R. 3000 Research Forest Dr Ste 150 Bankers Healthcare ☒ D
 Street ☐ E/F
☐ G
Spring, TX 77381-4395 American Express ☐ D
 City State ZIP Code ☒ E/F
☐ G

Greenwoods ☒ D
Equipment Finance, ☐ E/F
LLC ☐ G

U.S. Small Business ☒ D
Administration ☐ E/F
☐ G

Department of the ☐ D
Treasury ☒ E/F
☐ G

Montgomery County ☐ D
Tax ☒ E/F
☐ G

Debtor **Abundant Life Chiropractic, P.A.**
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
		<u>Woodlands Metro Center MUD</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
		<u>JB & Associates</u>	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$59,398.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$59,398.00**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$681,448.02**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$426,570.31**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$452,795.82**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$1,560,814.15

Fill in this information to identify the case:

Debtor name Abundant Life Chiropractic, P.A.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** **04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income**1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY☒ Operating a business\$84,061.12☐ Other _____

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$225,675.54☐ Other _____

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$236,513.00☐ Other _____**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Christopher Zaino Creditor's name 3000 Research Forest Dr Ste 150 Street Spring, TX 77381-4395 City State ZIP Code		\$10,223.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Expenses

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Creditor's name Street City State ZIP Code Relationship to debtor			

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property

Debtor **Abundant Life Chiropractic, P.A.**

Case number (if known)

Name

5.1.

Creditor's name

Street

City State ZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address

Description of the action creditor took

Date action was
taken

Amount

6.1.

Creditor's name

XXXX- _ _ _ _

Street

City State ZIP Code

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

7.1.

Case title

Nature of case

Court or agency's name and address

Status of case

**Bankers Healthcare
Group, LLC vs Abundant
Life Chiropractic, P.A. et
al.**

**Supreme Court of the State of New
York County of Onondaga**

Name

401 Montgomery St

Street

☒ Pending☐ On appeal☐ Concluded

Case number

003937/2024**Syracuse, NY 13202-2151**

City

State

ZIP Code

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Debtor **Abundant Life Chiropractic, P.A.**

Case number (if known) _____

Name

8.1. Custodian's name and address	Description of the property	Value
Custodian's name		
Street		
City State ZIP Code		
	Case title	Court name and address
	Case number	Name
		Street
	Date of order or assignment	City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

9.1. Recipient's name and address	Description of the gifts or contributions	Dates given	Value
Recipient's name			
Street			
City State ZIP Code			
Recipient's relationship to debtor			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (<i>Schedule A/B: Assets – Real and Personal Property</i>).		
10.1. _____	_____	_____	_____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	The Lane Law Firm	Attorney's Fee	4/1/2024	\$7,500.00
	Address	Attorney's Fee	5/1/2024	\$7,500.00
	6200 Savoy Dr Ste 1150	Attorney's Fee	6/3/2024	\$7,500.00
	Street	Attorney's Fee	7/1/02024	\$7,500.00
	Houston, TX 77036-3369			
	City State ZIP Code			
	Email or website address			
	billing@lanelaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Debtor **Abundant Life Chiropractic, P.A.**

Case number (if known) _____

Name

13.1. **Who received the transfer?****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Address**

Street

City State ZIP Code

Relationship to debtor**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy**14.1. **10 Grand Vista Pl**From **2021** To **2023**

Street

Spring, TX 77380-1677

City State ZIP Code

14.1. **111 Low Country Ln**From **2019** To **2021**

Street

Spring, TX 77380-3159

City State ZIP Code

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____ Street	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
_____ City _____ State _____ ZIP Code		
		Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

☐ No.

☒ Yes. State the nature of the information collected and retained. Patient Records

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _ _ - _ _ _ _ _
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name	XXXX- _ _ _ _	<input type="checkbox"/> Checking	_____	_____
_____ Street		<input type="checkbox"/> Savings		
_____ City _____ State _____ ZIP Code		<input type="checkbox"/> Money market		
		<input type="checkbox"/> Brokerage		
		<input type="checkbox"/> Other		

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
	City State ZIP Code	Address		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

☒ **Hazardous material** means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Debtor **Abundant Life Chiropractic, P.A.**

Case number (if known) _____

Name

Business name and address**Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

25.1.

EIN: _ _ - _ _ - _ _ - _ _

Name

Dates business existed

Street

From _____ To _____

City State ZIP Code

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Dates of service**26a.1. **Percy Bonilla Jr.**

From _____ To _____

Name

2211 Rayford Rd Ste 111432

Street

Spring, TX 77386-1555

City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Dates of service**26b.1. **Percy Bonilla Jr.**

From _____ To _____

Name

2211 Rayford Rd Ste 111432

Street

Spring, TX 77386-1555

City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1.

Name

Street

City State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Debtor **Abundant Life Chiropractic, P.A.**

Case number (if known)

Name

Name and address26d.1. **Bankers Healthcare Group, LLC**

Name

201 Solar St

Street

Syracuse, NY 13204-1425

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of
inventory****The dollar amount and basis (cost, market, or
other basis) of each inventory****Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**Name****Address****Position and nature of any
interest****% of interest, if any****Zaino, Christopher R.****3000 Research Forest Dr Ste 150 Spring,
TX 77381-4395****Owner,****100.00%****29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**☒ No☐ Yes. Identify below.**Name****Address****Position and nature of any
interest****Period during which
position or interest was
held**From _____
To _____**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. **Zaino, Christopher R.** **\$8,704** **1/2024-7/2024**

Name

3000 Research Forest Dr Ste 150

Street

Spring, TX 77381-4395

City

State

ZIP Code

Relationship to debtor

Owner

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **08/23/2024**
MM/ DD/ YYYY

X **/s/ Christopher Robert Zaino**
Signature of individual signing on behalf of the debtor

Printed name **Christopher Robert Zaino**

Position or relationship to debtor **Owner**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re Abundant Life Chiropractic, P.A.

Case No. _____

DebtorChapter 11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept **\$30,000.00**

Prior to the filing of this statement I have received **\$30,000.00**

Balance Due **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

08/23/2024

Date

/s/ Robert C Lane

Robert C Lane

Signature of Attorney

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

The Lane Law Firm

Name of law firm

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

IN RE: **Abundant Life Chiropractic, P.A.**

CASE NO

CHAPTER 11

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **08/23/2024**

Signature **/s/ Christopher Robert Zaino**
Christopher Robert Zaino, Owner

ABUNDANT LIFE
CHIROPRACTIC, P.A.
3000 RESEARCH FOREST, SUITE 150
SPRING, TX 77381

ADT COMMERCIAL LLC
1501 YAMATO ROAD
BOCA RATON, FL 33431

AMEGY BANK
1717 W. LOOP SOUTH
HOUSTON, TX 77027

AMERICAN EXPRESS
PO BOX 6031
CAROL STREAM, IL 60197-6031

AMERICAN EXPRESS
BANKRUPTCY UNIT
P.O BOX 297817
FORT LAUDERDALE, NY 33329

AMERICAN EXPRESS
P.O. BOX 96001
LOS ANGELES, CA 90096-8000

BANKERS HEALTHCARE
GROUP, LLC
10234 W. STATE ROAD 84
FORT LAUDERDALE, FL 33324

BHG FINANCIAL
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